## CONTRIBUTION ADJUSTMENT REPORT Unemployment Insurance P.O. Box 7945 Wisconsin Department of Workforce Development Madison, WI 53707-7945 (608)261-6700 UCT-7842 (R. 04/22/98) (U00048) READ INSTRUCTIONS ON REVERSE SIDE 3. Year 1. UI Account Number 2. Quarter 4. To adjust the number of employes, place the correct number employed as of the 12th of each month in the correct box. 2nd 3rd 151 5. Employer's Name and Address: Month Month Month OFFICE USE ONLY (C) (B) (A) Previously Reported for this Quarter Correct Totals Difference (over) under 6. Total Covered Wages 7. Less Exclusions for Wages in Excess of 8. Befined (Taxable) Payroll 9. Bate 10. Contributions Underpaid or (Overpaid). Multiply Line 8 by Rate. 11. If contributions line 10(C) are (OVERPAID), go to item 12. If contributions on line 10(C) are UNDERPAID, compute interest and ENTER HERE. (Compute interest at 1% per month for each completed or partial month since the original report due date. Multiply that interest by underpaid contributions on 12. TOTAL DUE- Add on line 10(C) and line 11(C) and ENTER HERE. (OVERPAID) 13. Signature Date Title Phone Number BELOW THIS LINE FOR OFFICE USE ONLY 262 UNIT **ANALYST** EFFECTIVE DATE MONTH DAY YEAR

**EMPLOYER NAME** 

**CHECK AMOUNT** 

UI ACCOUNT NUMBER

## CONTRIBUTION ADJUSTMENT REPORT INSTRUCTIONS

- Complete this form if you need to adjust previously reported quarterly contributions.
- Use a separate Contribution Adjustment Report for each quarter.
- If report indicates that additional contributions and interest are due, enclose remittance, and mail to:

UNEMPLOYMENT INSURANCE P.O. BOX 7945 MADISON, WI 53707-7945

If report indicates overpaid contribution, you can apply amount against future contributions.

## **COMPLETION INSTRUCTIONS:**

- Item 1 If not preprinted, enter your 10 digit Wisconsin UI Account Number.
- Item 2 Enter Calendar Quarter (1,2,3, or 4).
- Item 3 Enter Calendar Year (Example: 88,89,90).
- Item 4 Complete ONLY if previously reported number of employes, working in the pay period which included the 12th of the month was incorrect. Enter the correct number for each month.
- Item 5 If not preprinted, enter your name and address.

COLUMN A - Enter totals previously reported on the Quarterly Contribution Report, form UCT-101 or Quarterly Contribution/Wage Report form UC-101, or latest Contribution Adjustment Report, form UCT-7842. COLUMN B - Enter the correct totals which should have been reported for this quarter. COLUMN C - Enter the difference between Columns A and B. If the amount in Column A is larger than the amount in Column B, place that amount in (brackets) to indicate an overreported amount.

- Item 6 Enter total covered wages paid during the quarter. CHANGES TO WAGE MAY ALSO REQUIRE CORRECTIONS TO YOUR PREVIOUS WAGE DETAIL REPORT. MAKE ALL DETAIL WAGE CHANGES ON A "WAGE ADJUSTMENT REPORT", FORM UCT-7878.
- Item 7 Enter the total wages paid this quarter which are in excess of the \$10,500 per employe wage base. You are required to pay tax on the first \$10,500 paid to each employe in a calendar year. The wages paid to an employe in excess of \$10,500 in a calendar year are excludable.

An example of how to compute this exclusion for an individual employe follows:

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FORTH QUARTER
TOTAL WAGES				
JOHN DOE	\$6000	\$6000	\$6000	\$6000
EXCLUSION	0	\$1500	\$6000	\$6000
TAXABLE WAGES	\$6000	\$4500	0	0

Use this format to calculate the exclusion amount for each employe and then accumulate all wages over \$10,500 in that quarter and enter on item 7.

- Item 8 Subtract item 7 from item 6 and enter the result. If the result is a decrease of taxable wages (bracket) the
- Item 9 Tax Rate
- Item 10 Multiply the amount in box 8(C) by your tax rate and enter. If taxable payroll was overreported, (bracket) the amount of overpayment and go to item 12. You can apply any overpaid amount against future contribution.
- Item 11 If contributions were underpaid, compute interest at 1% per month from the due date of the intital report to the current month. Any portion of a month must be counted as a complete month.
- Item 12 Add lines 10 and 11 and enter.
- Item 13 Signature, date, title and telephone number of preparer.